

**Commonwealth of Massachusetts**  
Executive Office of Health and Human Services



# **Health Information Technology Council May Update**

May 5, 2014



# Agenda

## Today's Agenda:

- 1. Meeting Minutes approval [5 min]**
- 2. IMPACT Program Update [45 min] – Larry Garber**
- 3. Policy/Advisory Group Update [5 min] – Micky Tripathi**
- 4. Hiway Implementation & Support Update [30 min] – Manu Tandon**
  - a) HIE Trust Fund Semi-annual Review
  - b) Hiway Legal Agreements Plan
  - c) Hiway Release Schedule
  - d) Communications and Outreach Update
  - e) Vendor Readiness
  - f) Hiway Operations Update
  - g) HISPA-HISP Update
  - h) Phase 2 Pilot Update
- 5. Wrap up [5 min]**



## Discussion Item 1: Impact Program Update

# IMPACT - Building Care Coordination Tools for the Healthcare System of the Future

Massachusetts HIT Council

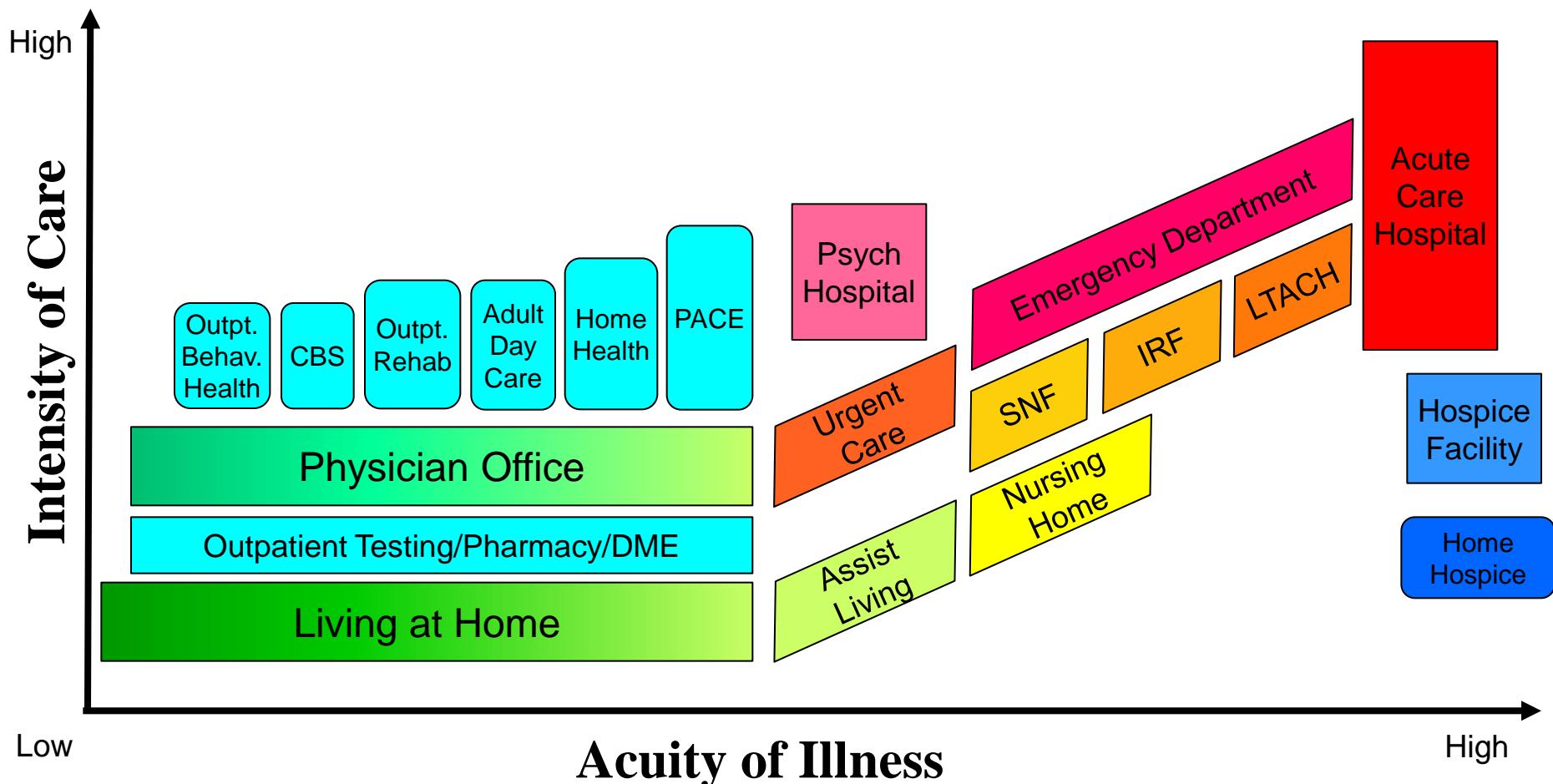
May 5<sup>th</sup>, 2014

Larry Garber, MD

Reliant Medical Group

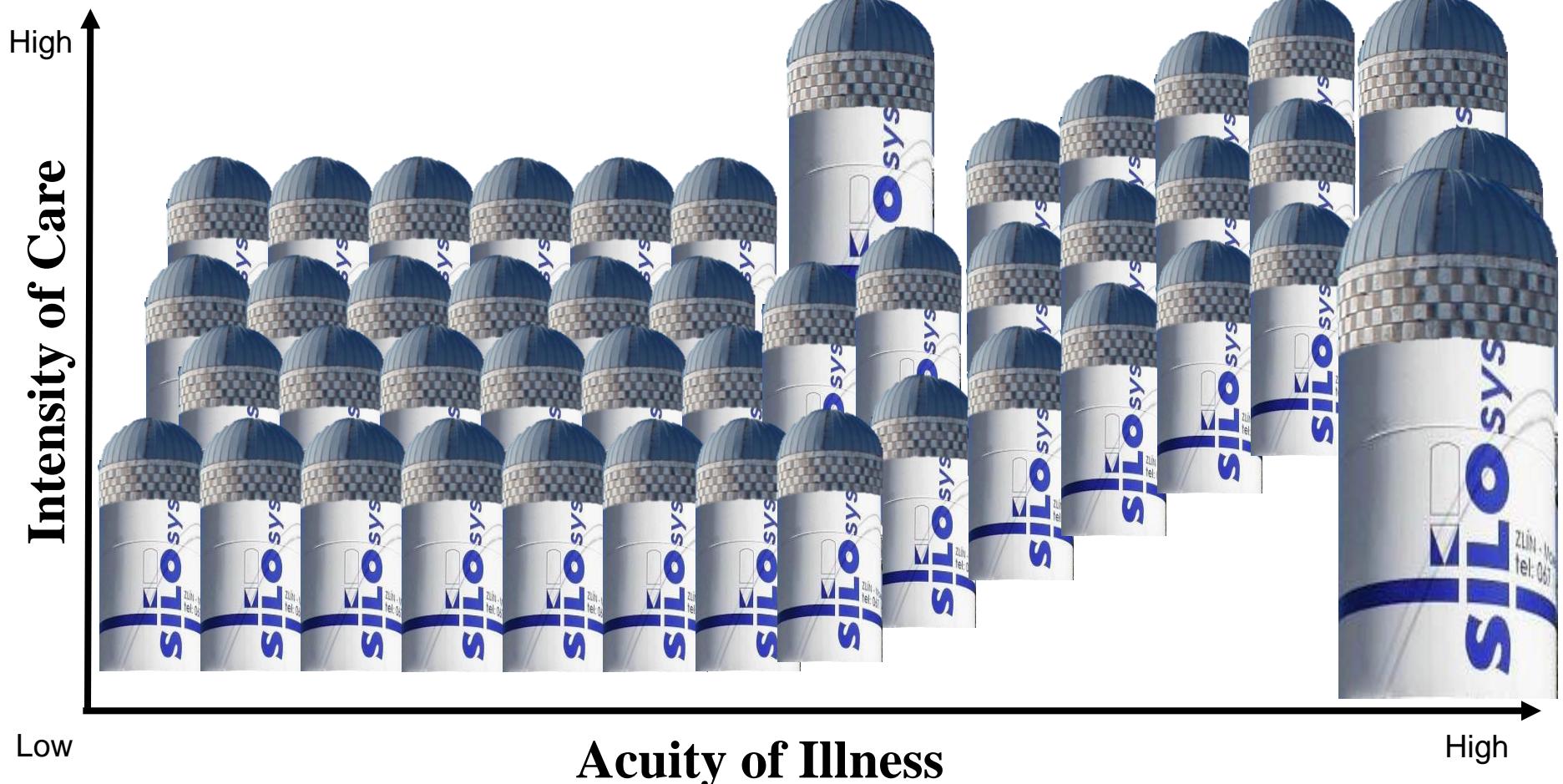


# The Spectrum of Care is Vast...



Adapted from Derr and Wolf, 2012

# ...as are the Barriers to Care Coordination



Adapted from Derr and Wolf, 2012

---

National care transitions experts  
overwhelmingly identified  
“improving information flow and  
exchange” as the most important  
tool to improve care transitions

(ONC, 2011)

February 2011 – HHS/ONC awarded \$1.7M HIE Challenge Grant to state of Massachusetts (MTC/MeHI):

## Improving Massachusetts Post-Acute Care Transfers (**IMPACT**)



- Facilitate developing a national standard of data elements for transitions across the continuum of care
- Develop software tools to acquire/view/edit/send these data elements (LAND & SEE)
- Integrate and validate tools into Worcester County using Learning Collaborative methodology
- Measure outcomes



- 30 day hospital readmission rates
- ER visit rate
- Hospital admission rate from ER
- Total Resource Utilization



# Developing National Standards to Support LTPAC Needs



# Datasets for Care Transitions

---

- **Traditionally** – What the **sender** thinks is important to the receiver
- **Future** – Also take into account what the **receiver** says they need



# 14x14 Sender (left column) to Receiver (top) = 196 possibly transition types

		Transitions to (Receivers)													
		In Patient Acute Care Hospitals	ED	Outpatient Services	Behavioral Health Inpatient	LTAC	IRF	SNF/ECF	HHA	Hospice	Amb Care (PCP)	EMS	BH Community Services	CBOs	Patient/ Family
Transitions From (Senders)															
Inpatient Acute Care Hospital															
Emergency Department															
Outpatient services															
Behavioral Health Inpatient															
Long Term Acute Care Hospital															
Inpatient Rehab Facility															
Skilled Nursing/Extended Care															
Home Health Agency															
Hospice															
Ambulatory Care (PCP, PCMH)															
Emergency Medical Services															
Behavioral Health Community															
Community Based Organizations															
Patient/Family															

# “Receiver” Data Needs Survey



- 1135 Transition surveys completed
- Largest survey of Receivers' needs
- 46 Organizations completing evaluation
- 11 Different types of organizations
- 12 Different types of user roles

		From Acute Care Hospital	From Emergency Department	From Skilled Nursing Facility
6				
72	Chief Complaint	Required	Required	Required
73	Reason Patient is being referred	Required	Required	Required
74	Reason for Transfer	Not needed/No	Not needed/No	Not needed/No
75	Sequence of events proceeding patient's disease/condition	Optional	Optional	Required
76	History of Present Illness	Required	Required	Required



- Identified for each transition which data elements are required, optional, or not needed
- Each of the data elements is valuable to at least one type of Receiver
- Many data elements are not valuable in certain care transition

# Five Transition Datasets



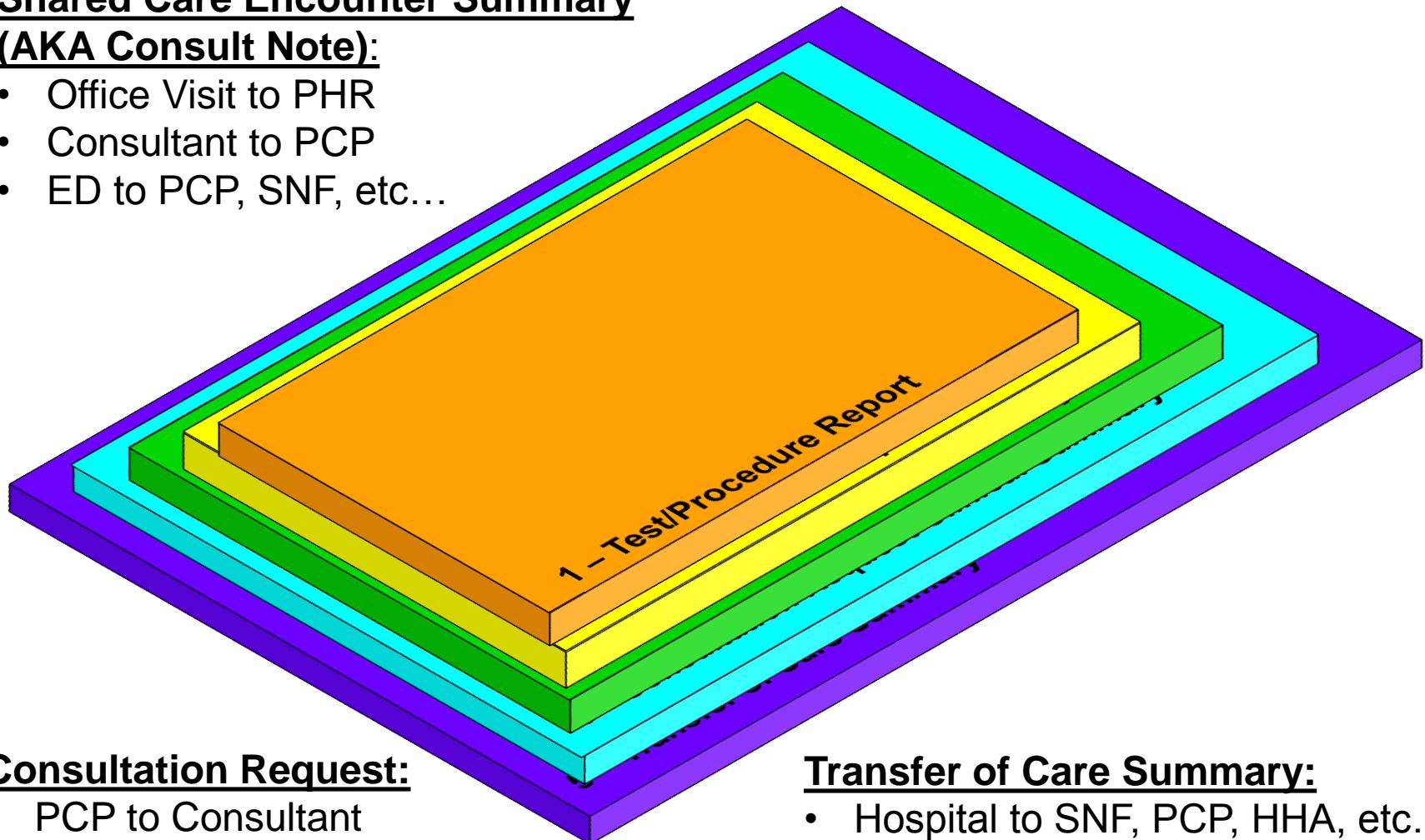
1. **Report from Outpatient testing**, treatment, or procedure
2. **Referral to Outpatient testing**, treatment, or procedure (including for transport)
3. **Shared Care Encounter Summary**  
(Office Visit, Consultation Summary,  
Return from the ED to the referring facility)
4. **Consultation Request Clinical Summary**  
(Referral to a consultant or the ED)
5. Permanent or long-term **Transfer of Care Summary** to a different facility or care team or Home Health Agency



## Shared Care Encounter Summary

### (AKA Consult Note):

- Office Visit to PHR
- Consultant to PCP
- ED to PCP, SNF, etc...



## Consultation Request:

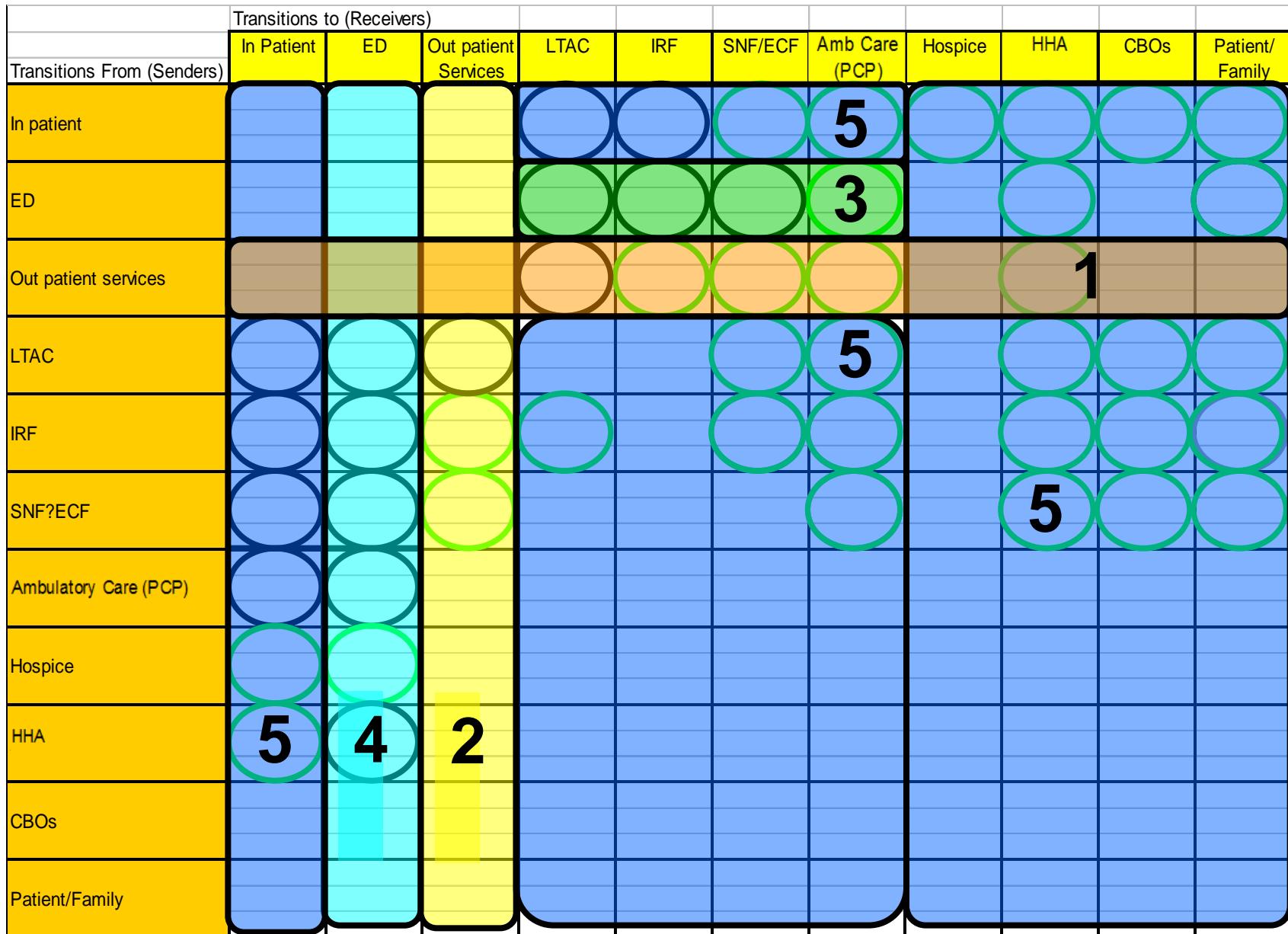
- PCP to Consultant
- PCP, SNF, etc... to ED

## Transfer of Care Summary:

- Hospital to SNF, PCP, HHA, etc...
- SNF, PCP, etc... to HHA
- PCP to new PCP



# Five Transition Datasets





## **State (Massachusetts)**

- MA Universal Transfer Form workgroup
- Boston's Hebrew Senior Life eTransfer Form
- IMPACT learning collaborative participants
- MA Coalition for Prevention of Medical Errors
- MA Wound Care Committee
- Home Care Alliance of MA (HCA)



## National

- American College of Physicians
- NY's eMOLST
- Multi-State/Multi-Vendor EHR/HIE Interoperability Workgroup
- Substance Abuse, Mental Health Services Agency (SAMHSA)
- Administration for Community Living (ACL)
- Aging Disability Resource Centers (ADRC)
- National Council for Community Behavioral Healthcare
- National Association for Homecare and Hospice (NAHC)
- Longitudinal Coordination of Care Work Group (ONC S&I Framework)
- Transfer of Care & CCD/CDA Consolidation Initiatives (ONC's S&I)
- Electronic Submission of Medical Documentation (esMD) (ONC S&I)
- ONC Beacon Communities and LTPAC Workgroups
- Assistant Secretary for Planning and Evaluation (ASPE) and Geisinger: Standardizing MDS and OASIS
- Centers for Medicare & Medicaid Services (CMS)(MDS/OASIS/IRF-PAI/CARE)
- DoD and VA: working to specify Home Health Plan of Care dataset
- AHIMA LTPAC HIT Collaborative
- HIMSS: Continuity of Care Model
- **INTERACT (Interventions to Reduce Acute Care Transfers)**
- Transfer Forms from Ohio, Rhode Island, New York, and New Jersey



## International

- **HL7** Structured Document, Patient Care, Care Coordination Services, Child Health, and Security Workgroups
- **IHE** Patient Care Coordination Technical Committee



# Datasets include Care Plan

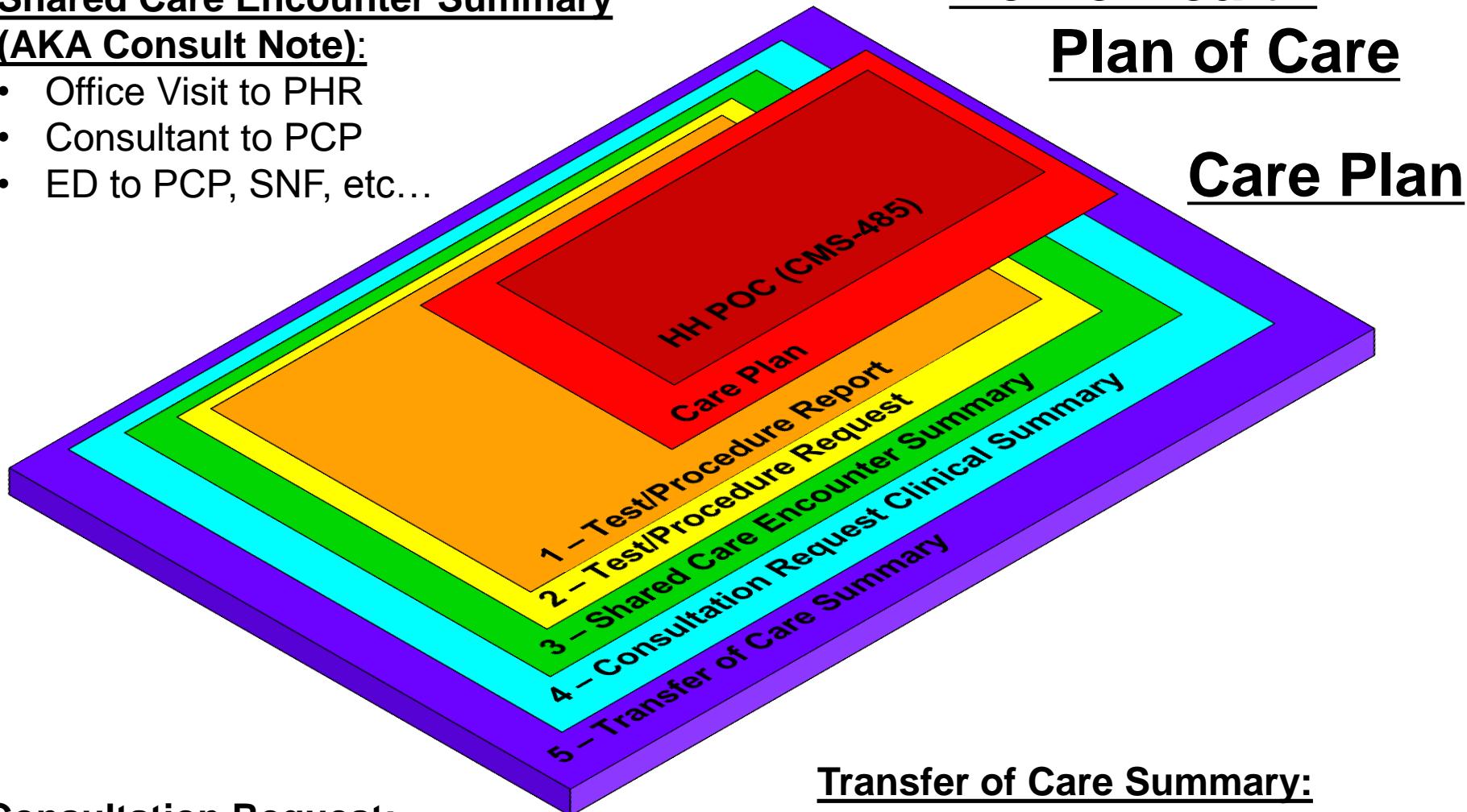
## Shared Care Encounter Summary

### (AKA Consult Note):

- Office Visit to PHR
- Consultant to PCP
- ED to PCP, SNF, etc...

## Home Health Plan of Care

## Care Plan



## Consultation Request:

- PCP to Consultant
- PCP, SNF, etc... to ED

## Transfer of Care Summary:

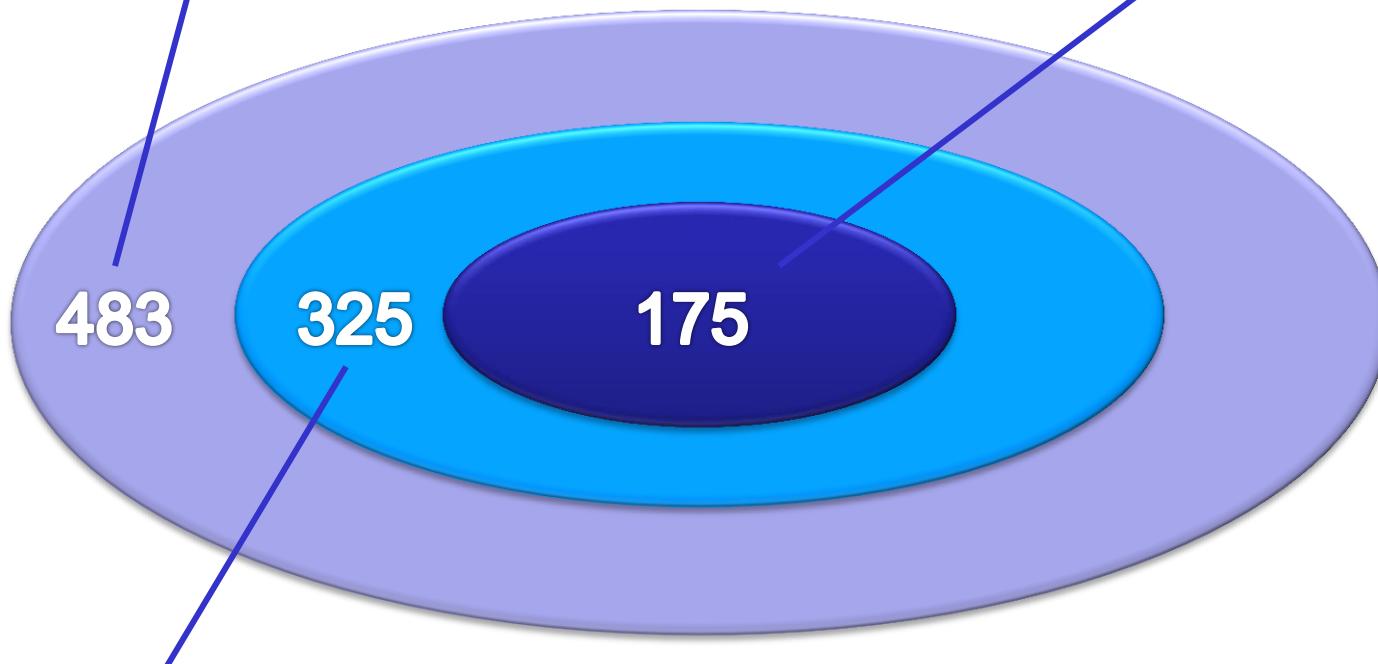
- Hospital to SNF, PCP, HHA, etc...
- SNF, PCP, etc... to HHA
- PCP to new PCP



# How do they compare to CCD?

Data Elements for Longitudinal  
Coordination of Care

CCD Data Elements



IMPACT Data Elements  
for basic Transition of  
Care needs

- Many “missing” data elements can be mapped to C-CDA templates with applied constraints
- **20% have no appropriate templates**

# Testing the IMPACT Dataset



# Pilot Sites to Test the Datasets

- Selection Criteria:
  - High volume of patient transfers with other pilot sites
  - Experience with Transitions of Care tools/initiatives
- 16 Winning Pilot Sites:
  - St Vincent Hospital and UMass Memorial Healthcare
  - Reliant Medical Group (formerly known as Fallon Clinic) and Family Health Center of Worcester (FQHC)
  - 2 Home Health agencies (VNA Care Network & Overlook VNA)
  - 1 Inpatient Rehab Facility (Fairlawn)
  - 1 Payer (Fallon Community Health Plan)
  - 8 Skilled Nursing and Extended Care Facilities



# Nursing Facility Pilot Sites

- Beaumont Rehabilitation of Westborough
- Christopher House of Worcester
- Holy Trinity Nursing & Rehab
- Jewish Healthcare Center
- LifeCare Center of Auburn
- Millbury Healthcare Center
- Notre Dame LTC
- Worcester Rehabilitation & Health Care Center





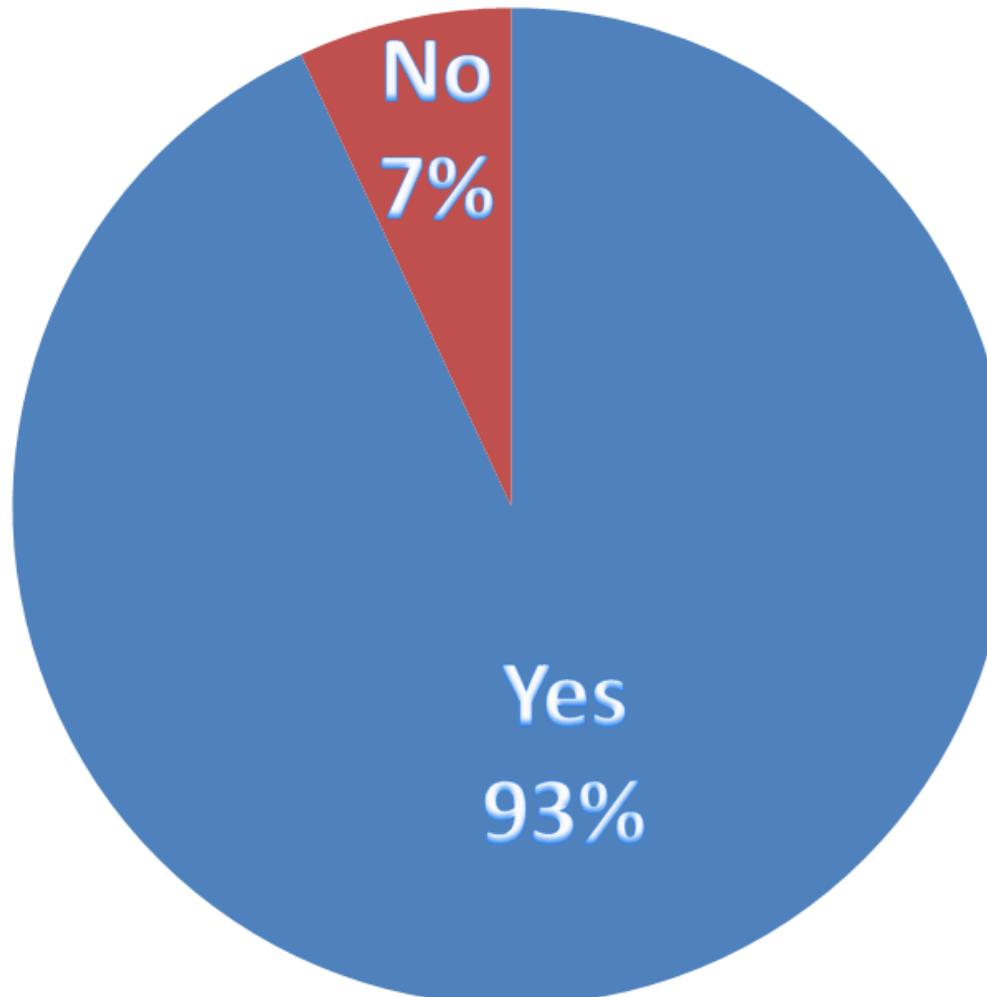
# IMPACT Learning Collaborative: Testing the Care Transitions Datasets on Paper

16 organization, 40 participants,  
6 meetings over 2 months, and  
several hundred patient transfers...



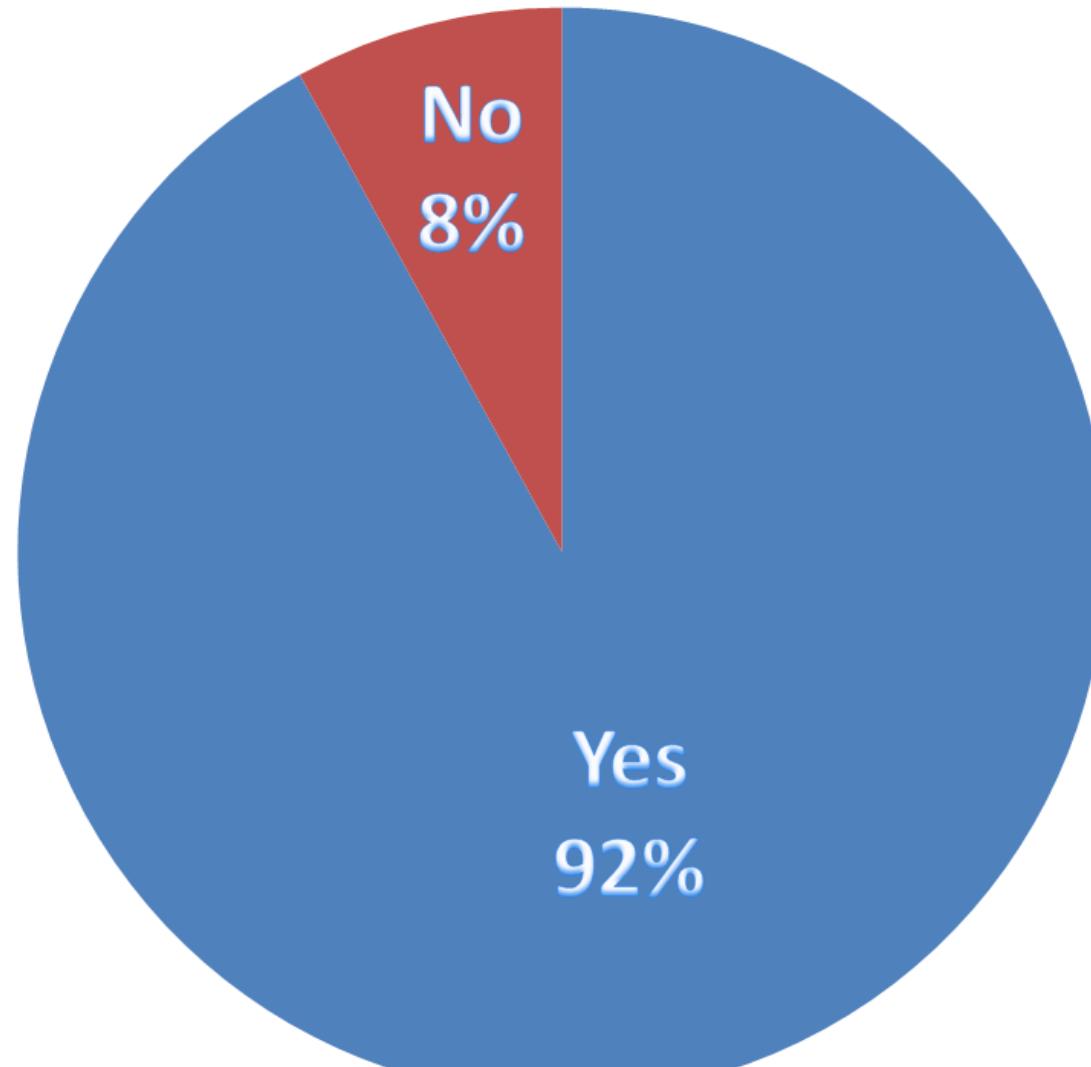
# Senders found the data

I was able to send all of the requested  
IMPACT data elements



# Receivers got most of their needs

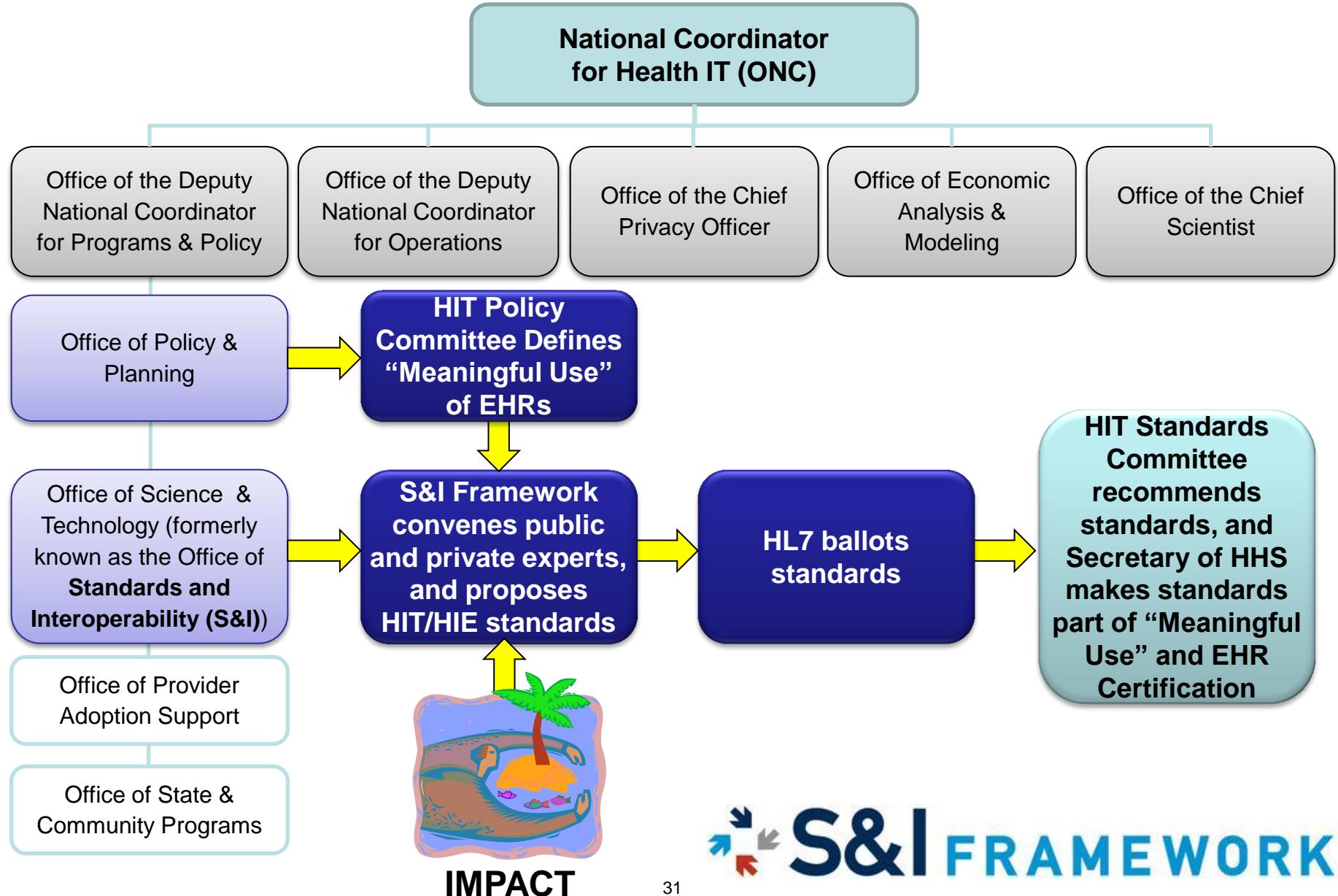
Fewer than 5 data elements were missing



# Turning Datasets into National Standards



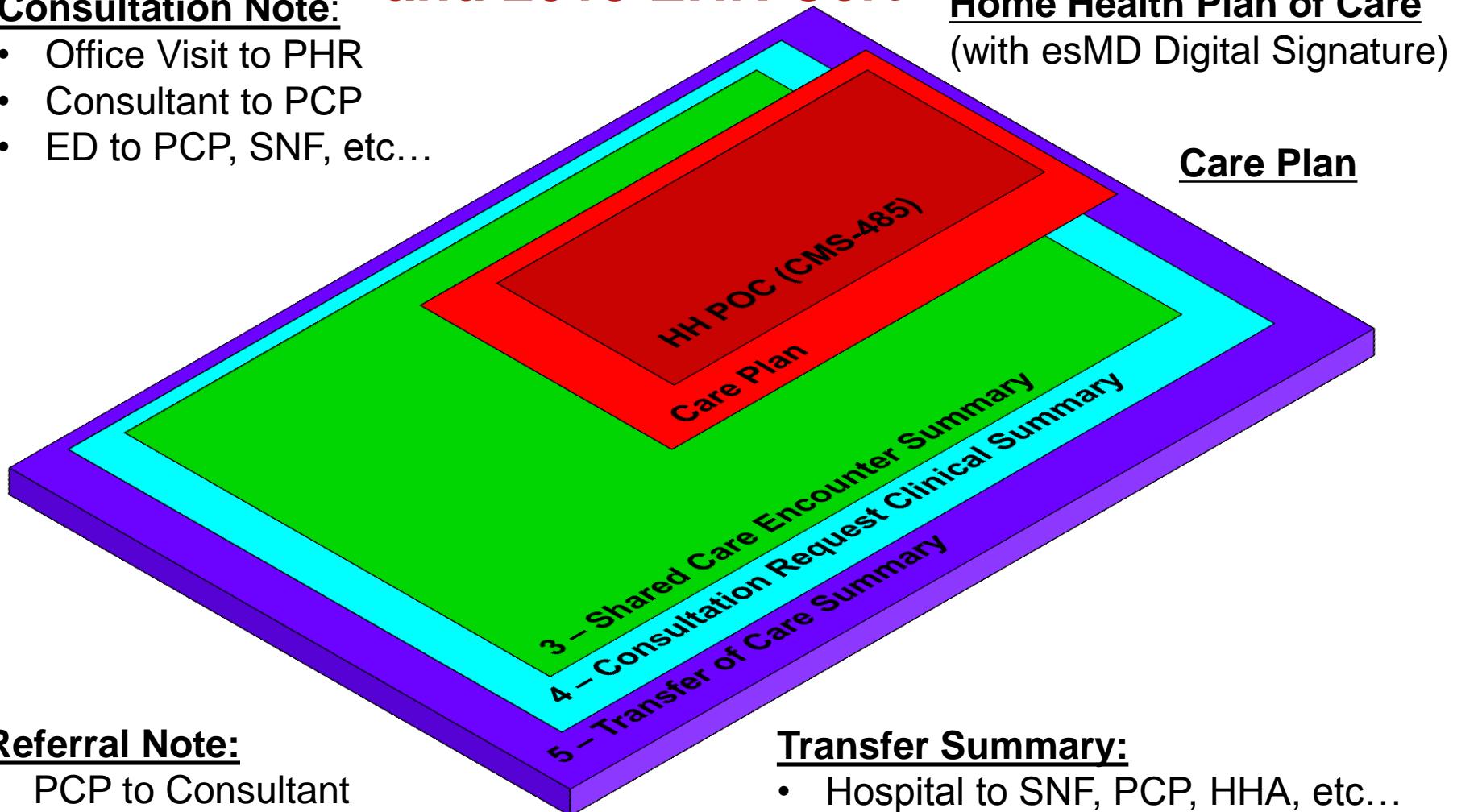
# New World of Standards Development



# NYeC, Healthix, CCITINY, ASPE, S&I LCC, HL7, and Lantana update C-CDA for MU3 and 2015 EHR Cert

## Consultation Note:

- Office Visit to PHR
- Consultant to PCP
- ED to PCP, SNF, etc...



## Referral Note:

- PCP to Consultant
- PCP, SNF, etc... to ED

## Transfer Summary:

- Hospital to SNF, PCP, HHA, etc...
- SNF, PCP, etc... to HHA
- PCP to new PCP

# Standards Development Timeline

- September 2013 HL7 Balloted updates to Consolidated CDA
- Oct – Feb 2014 HL7 Reconciled 1000+ ballot comments
- Feb 2014 ONC proposed using updated C-CDA in 2015 EHR Certification Requirements
- June 2014 HL7 Publishes updated Consolidated CDA
- Fall 2014 ONC Publishes Meaningful Use Stage 3
- 2015 EHRs voluntarily support updated C-CDA
- 2017 All EHRs required to support updated C-CDA



# Getting Connected: **LAND & SEE**

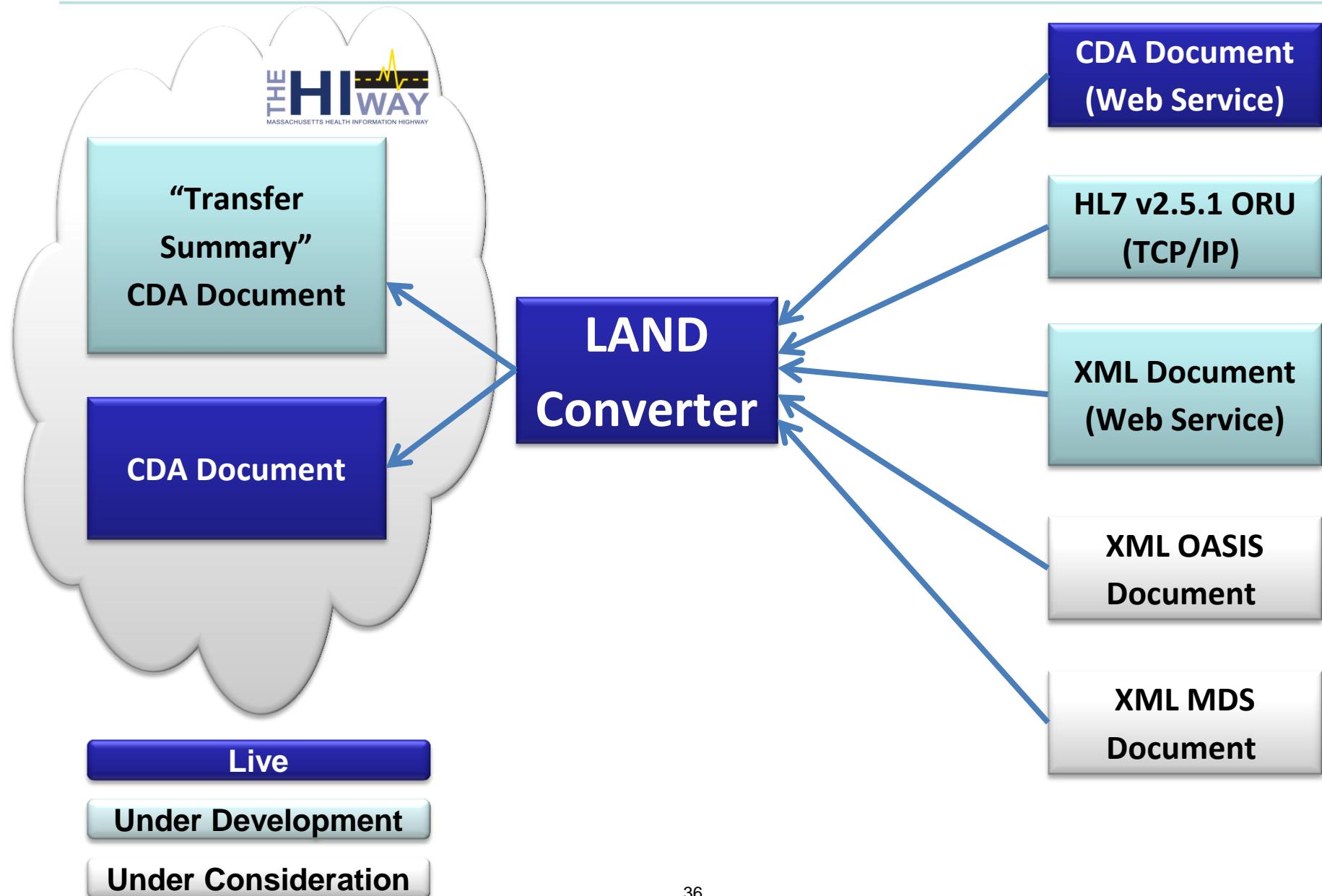


# LAND & SEE

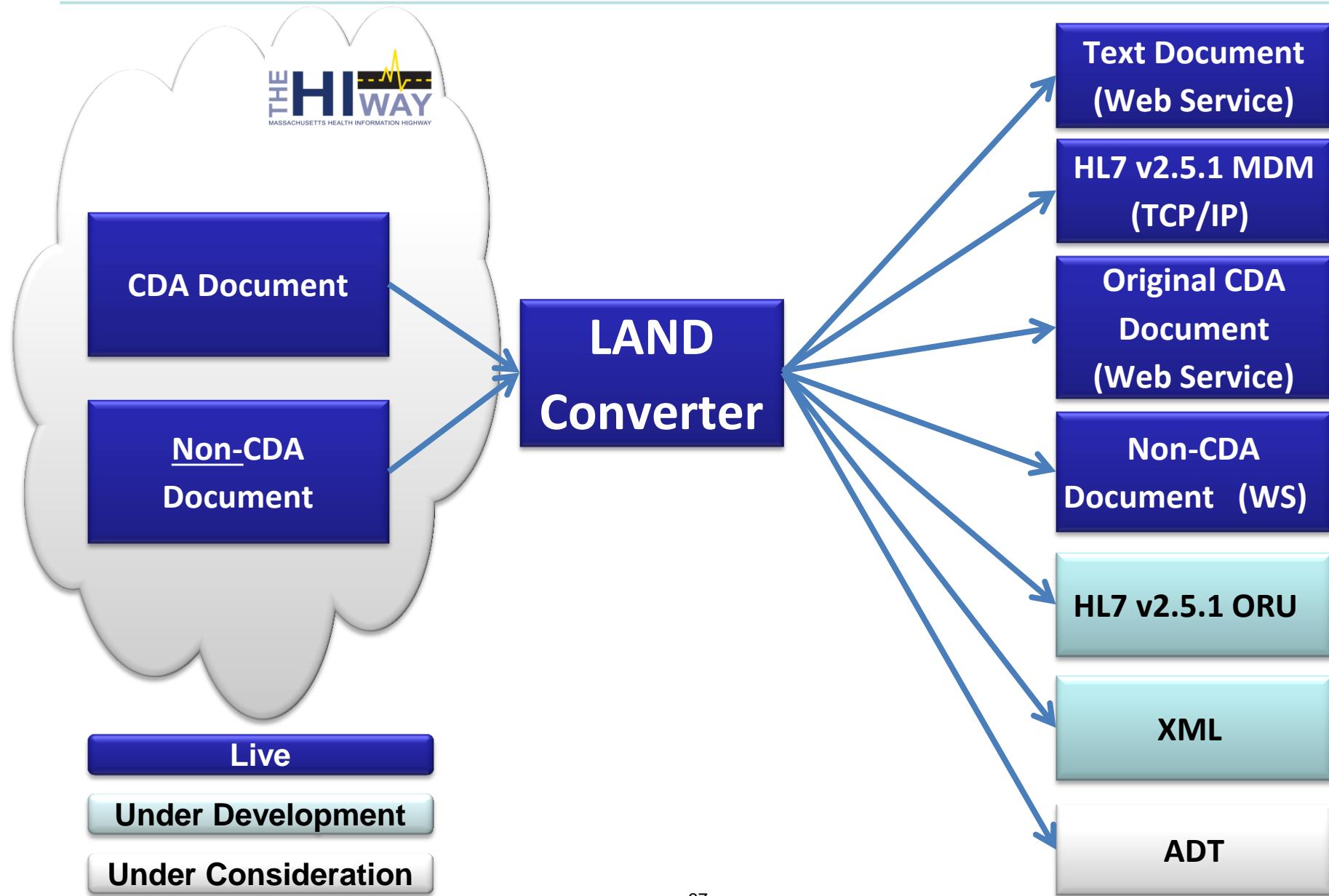
- Sites with EHR or electronic assessment tool use these applications to enter data elements
  - **LAND** (“Local” Adaptor for Network Distribution) acts as a data courier to gather, transform, and securely transfer data if no support for Direct SMTP/SMIME or IHE XDR
- Non-EHR users complete all of the data fields and routing using a web browser to access their “**Surrogate EHR Environment**” (**SEE**)



# Outbound LAND Transformations



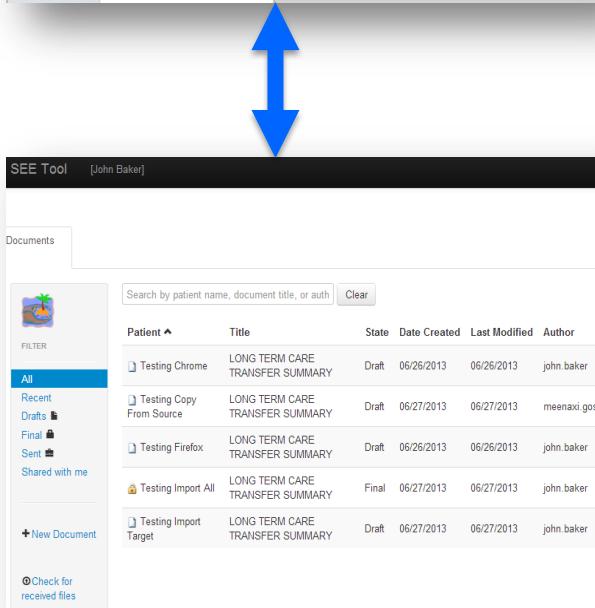
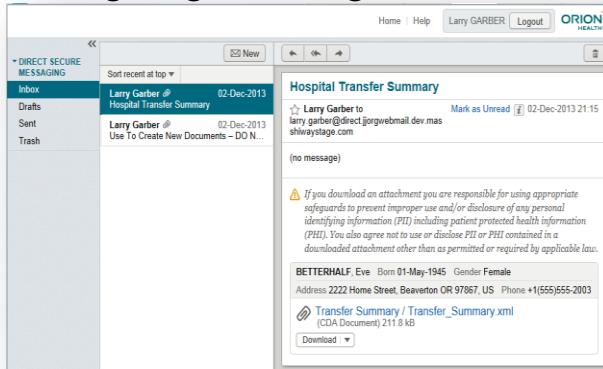
# Inbound LAND Transformations



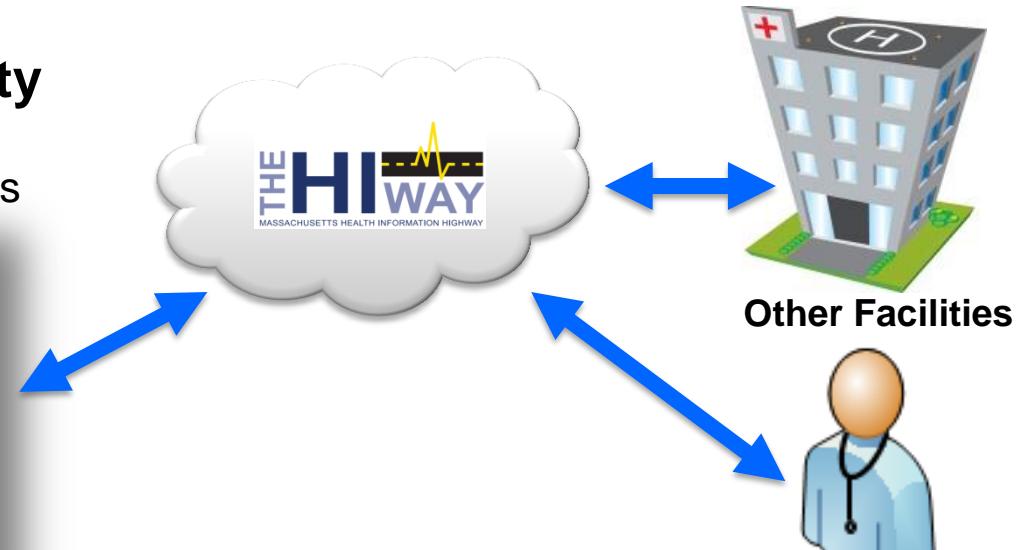
# High Level Overview of SEE

## Webmail Mailbox for Facility

Temporary storage for incoming and outgoing messages/documents



Facility staff and providers with access to a shared Webmail and SEE mailbox



## SEE Document Storage for Facility

Permanent storage for:

- Incoming Finalized documents,
- New Draft documents
- Outgoing Finalized documents

# Surrogate EHR Environment (SEE)

- Acts as destination for routed CDA documents
- Software hosted by MA HIway, accessed via web browser
- SEE is accessed via the HIE's web mailbox
- Non-EHR users able to use SEE to view, edit, send CDA documents via HIE or Direct to next facility
- Can create a new document by copying an entire document and editing it, and/or importing sections from multiple documents
- Can use SEE for other workflows (e.g. completing INTERACT SBAR prior to sending patient to ER)
- Multiple staff can work on the new document at the same time, but not the same section at the same time (will get a warning)
- SEE users can print copies of the document for family or ambulance transport



# Search by Patient Name

SEE Tool

[John Baker]

Documents



FILTER

All

Recent

Drafts 

Final 

Sent 

Shared with me

---

+ New Document

 Check for received files

Search by patient name, document title, or author

Patient	Title	State	Date Created	Last Modified	Author
 Testing Chrome	LONG TERM CARE TRANSFER SUMMARY	Draft	06/26/2013	06/26/2013	john.baker
 Testing Copy From Source	LONG TERM CARE TRANSFER SUMMARY	Draft	06/27/2013	06/27/2013	meenaxi.gosai
 Testing Firefox	LONG TERM CARE TRANSFER SUMMARY	Draft	06/26/2013	06/26/2013	john.baker
 Testing Import All	LONG TERM CARE TRANSFER SUMMARY	Final	06/27/2013	06/27/2013	john.baker
 Testing Import Target	LONG TERM CARE TRANSFER SUMMARY	Draft	06/27/2013	06/27/2013	john.baker

# Copy All Into New Document

SEE Tool [John Baker]

Documents Testing Import All FINAL ×  
LONG TERM CARE TRANSFER SUMMARY [6/27/2013]

**Send** **Print** **Create New Document**

**Patient** Testing Import All

<b>Date of birth</b>	June 9, 2003	<b>Sex</b>	Female
<b>Race</b>		<b>Ethnicity</b>	
<b>Contact info</b>	Primary Home: IA Address IA City, US Telecom information not available	<b>Patient IDs</b>	IA 12345 2.16.840.1.113883.4.1
<b>Document Id</b>	9fd5b88e-1054-4d02-a627-5e59905a5f31		
<b>Document Created:</b>	June 27, 2013		
<b>Author</b>	John Baker		
<b>Contact info</b>	Work Place: , US Tel: 123-456-7890		
<b>Document maintained by</b>	Health Organization		
<b>Contact info</b>	Work Place: 10 Main Street New York, NY 10011 Tel: 789-123-4567		

**Table of Contents**

- [VITAL SIGNS](#)
- [FUNCTIONAL STATUS](#)
- [IMMUNIZATIONS](#)
- [ALLERGIES, ADVERSE REACTIONS, ALERTS](#)
- [ADVANCE DIRECTIVES](#)
- [ASSESSMENTS](#)
- [CHIEF COMPLAINT\(S\) AND REASON FOR VISIT](#)
- [ENCOUNTERS](#)
- [FAMILY HISTORY](#)
- [HISTORY OF PRESENT ILLNESS](#)
- [HISTORY OF PAST ILLNESS](#)
- [HOSPITAL DISCHARGE DIAGNOSIS](#)
- [MEDICAL EQUIPMENT](#)
- [MEDICATIONS](#)

# Copy data from an existing document

Documents

Bob Sleven **DRAFT**

LONG TERM CARE TRANSFER SUMMARY

Bob Sleven **FINAL**

LONG TERM CARE TRANSFER SUMMARY [5/3/2013]

CONTENTS

DEMOGRAPHICS

**ADVANCE DIRECTIVES**

ALLERGIES

ASSESSMENTS

CHIEF COMPLAINT(S)

AND REASON FOR

VISIT

ENCOUNTERS

## Bob Sleven / Long Term Care Transfer Summary Document

### ADVANCE DIRECTIVES

**Copy From ▾**

Bob Sleven **FINAL**

LONG TERM CARE TRANSFER SUMMARY [5/3/2013]



# Sections of Summary Document

---

- Demographics
- Advance Directives
- Chief Complaint
- History of Present Illness
- Encounters
- Problems
- History of Past Illness
- Family History
- Social History/Risks
- Allergies
- Medications
- Immunizations
- Medical Equipment
- Vital Signs
- Physical Exam
- Functional Status
- Procedures
- Results
- Assessment
- Discharge Diagnoses
- Care Plan
- Payers

# Intuitive data entry for each section

## Edit Vitals

Date Recorded

Height  74

Weight

BMI   $\text{kg}/\text{m}^2$

Systolic BP  mm[Hg]

Diastolic BP  mm[Hg]

Heart Rhythm

Heart Rate  /min

Respiratory Rate  /min

O2 Sat  %

Temperature  °F

## Advance Directives

- Has Health Care proxy been invoked?
- Are there concerns with the HCP's competency?
- Cardiopulmonary resuscitation: for a patient in cardiac or respiratory arrest
- Prior to arrest, administer all medications needed to stabilize the patient, do not attempt CPR
- Ventilation: for a patient in respiratory distress
- May use intubation and artificial ventilation if medically indicated
- Non-invasive ventilation (e.g. CPAP, BiPAP)
- Use non-invasive ventilation (e.g. CPAP, BiPAP) time limited trial
- Use oral, IM or IV Antibiotics
- Use oral only Antibiotics
- Use oral only Antibiotics for symptom relief or comfort



# Free Text Narrative can be added anywhere

Bob Slevin / Long Term Care Transfer Summary Document

## VITAL SIGNS

Copy From ▾

## Narrative

### Free Text Narrative:

**B** *I* U | Font Size ▾ |      



The vitals signs were taken by the nurse and the patient cooperated well. There was some problems with the equipment though as the machine would not work correctly, but we finally got it working.

Path: p

Time	Height	Weight	BMI	BP	Heart Rate
5/2/2013 9:02:00 AM	74 in	250 lb	32.09	120/85	68



# Type-aheads make data entry easy

**Edit Problem** ×

**Problem**

Name

Influenza (disorder) Not Set

Influenza due to Influenza virus, type B (disorder)  
Influenza with non-respiratory manifestation (disorder)

Today

**Severity**

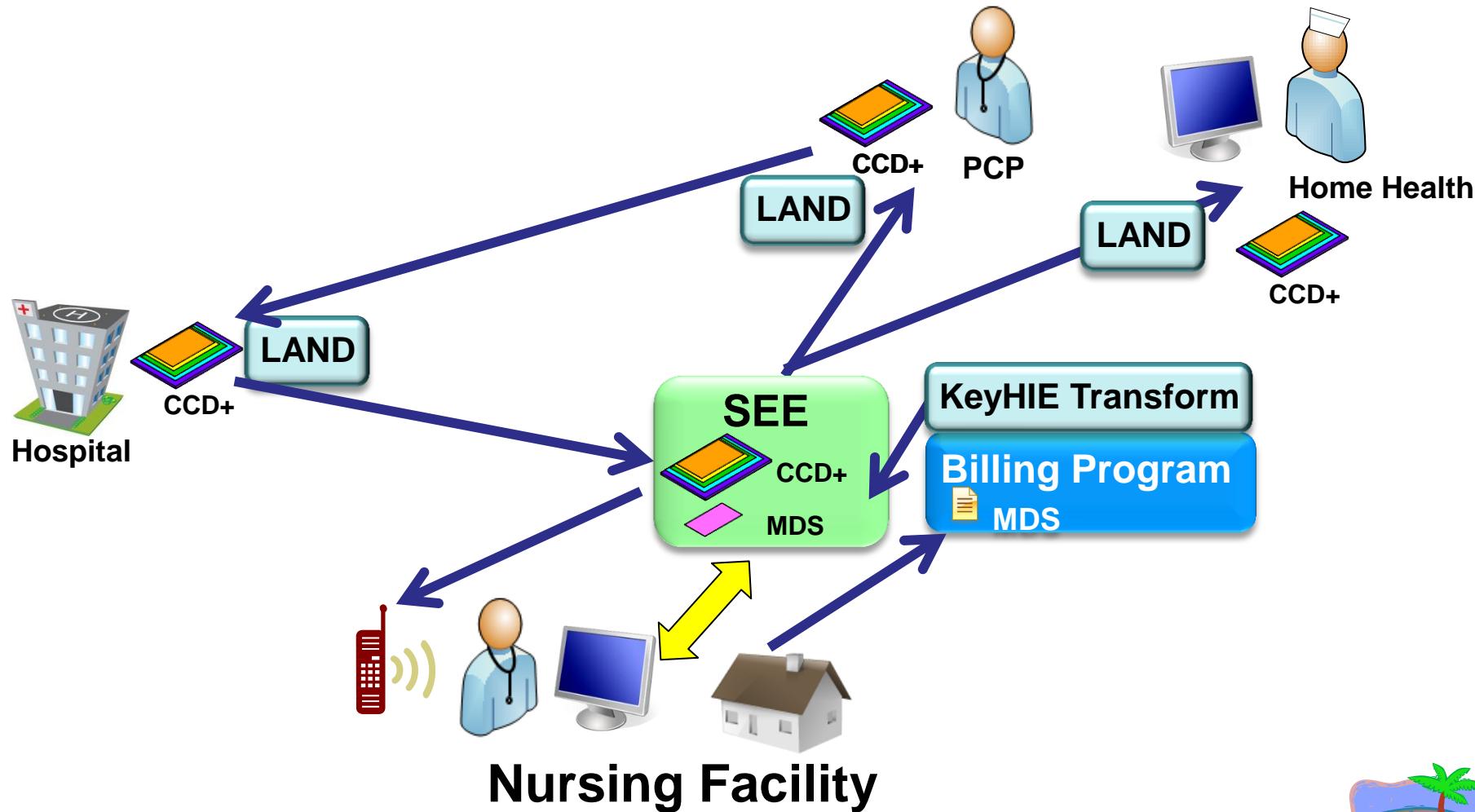
Current  Moderate

Worst Occurrence  Moderate

Close Save changes



## CCD+ = Transfer Summary



Nursing Facility



# Further testing of Dataset, LAND & SEE

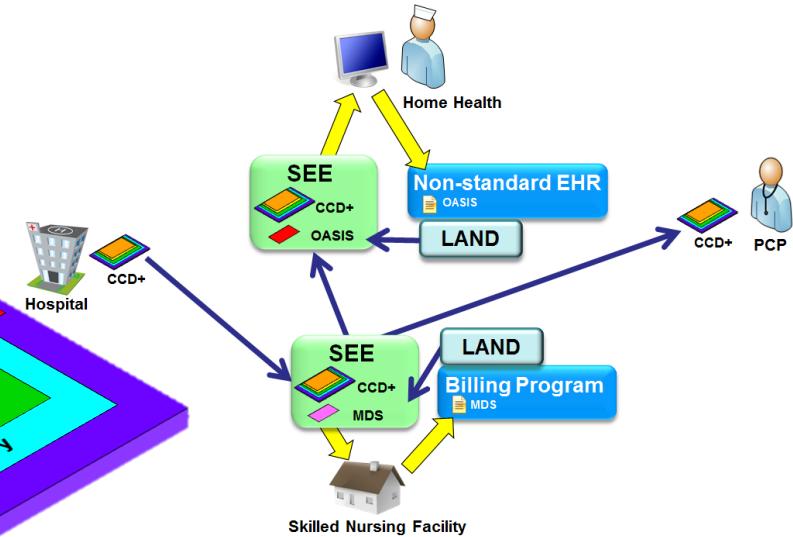
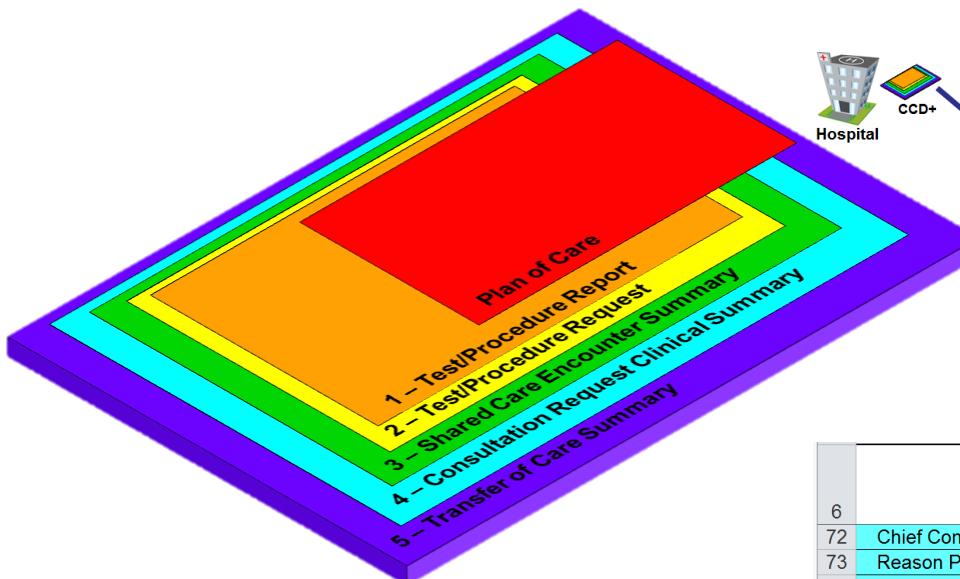
---

- Central Massachusetts IMPACT ePilot starting in June 2014
- Electronic exchange of full Transfer of Care dataset by SNFs
- Electronic exchange of CCDs by other organizations
- >10,000 document transfers/month





# Questions?



	From Acute Care Hospital	From Emergency Department	From Skilled Nursing Facility
62	Chief Complaint	Required	Required
73	Reason Patient is being referred	Required	Required
74	Reason for Transfer	Not needed/No	Not needed/No
75	Sequence of events preceding patient's disease/condition		
76	History of Present Illness	Optional Required	Optional Required

[Lawrence.Garber@ReliantMedicalGroup.org](mailto:Lawrence.Garber@ReliantMedicalGroup.org)



## Discussion Item 2: Policy/Advisory Group Update

- Consent Close-out



# Consent Documents Distributed



**Consent documents have gone out to the Mass Hiway participants that have signed up for Query & Retrieve services:**

- Mass Hiway consent policy statement
- Optional template for consent language
- PDF and Word versions of patient fact sheet
- Presentation for front line staff training at point of consent

**Thank you's have gone out to the Consent Sub-group and the 4 Advisory Groups for all of their help and input. With the help of these stakeholders the Mass Hiway and its Participants are set up to achieve the following goals:**

- To provide patients with an informed choice regarding their participation in the statewide health information exchange
- To comply with the consent language in the Massachusetts health reform bill (MA Chapter 118I)
- To offer flexibility with how the policy is implemented
- To minimize barriers to lawful exchange of health information



## Discussion Item 2: Mass HIway Update

- HIE Trust Fund Semi-annual Review
- HIway Legal Agreements Plan
- HIway Release Schedule
- Communications and Outreach Update
- Vendor Readiness
- HIway Operations Update
- HISP-HISP Update
- Phase 2 Pilot Update



# HIE Trust Fund Semi-Annual Review



- **Total amount in Fund: \$547,167 [as of 4/22/2014]**
- **Funds received in last 6 months: \$346,387**
- **Expenditures in process: \$275,583**
  - Paying Orion for services
- **Anticipated expenditures in next 6 months**
  - ~\$100K for encryption certificates
  - ~\$200k for LAND devices and certificates for additional participants



# Hlway Legal Agreements



**Objective:** Simplify the enrollment process for all organizations; Ease the administrative burden of creating/maintaining multiple agreements based on the type of organization connecting to the Hlway (Local HIE, HISP, Technical Integrator, IPA, etc.) – Currently have a Participation Agreement (and Query/Retrieve Services Addenda) and a HISp agreement in use. An Integrator Agreement, modified PA for HISp, Integrator or IPA are also in process or being contemplated

**Plan:** Continue creating/using agreements by org type to not disrupt the pipeline of organizations wishing to connect; Work on consolidating and simplifying agreements in parallel

Activity	Target Completion Date
Work with existing agreements to keep pipeline flowing	On going
Develop proposal for agreement consolidation/simplification	June 2014
Draft new agreement(s)	Q3 2014*
Community review of agreement(s)	Q3 2014*
Implement new agreement(s)	Q4 2014*

*\*Estimates only - plan for development of new agreements will be finalized once the proposal is complete*



# Hlway Release Schedule



## Mass Hlway 2014 Development Timeline

Activity	Target date
Opioid Treatment Program Node Go-Live	April 2014 Complete
Cancer Registry Node Go-Live	April 2014 Complete
Webmail Upgrade Go-Live (CCDA Editor, shared folders to support SEE application)	April 2014 Complete
Meditech XDR Solution Go-Live (enables providers to send/receive Direct messages from their Meditech EHR)	April 2014 Complete
HISP to HISP Solution Go-Live (enables pilot HISP group to connect to the Hlway – eCW, Surescripts, SES)	April 2014 Complete
Healthcare Provider Portal R1 (Provider Directory Bulk Load & Cert Mgt)	June 2014
Healthcare Provider Portal R2 (Enrollment self-service & PD and cert mgt enhancements)	Q3 2014
eReferral Phase 1 Node Go-Live (enables bi-directional communication on health related targets given from HPOs to CBOs such as YMCA, Tobacco quit lines, etc.)	Q2 2014
Childhood Lead Poison Prevention Program Node Go-Live	Q3 2014
Relationship Listing Service Release 2 (Web service access, eMPI tuning, AIMS integration, Provider Notifications, etc.)	Q3 2014



# Communications & Outreach



## Webinar Series Launch (Mass HIway/MeHI)

- **What:** First Steps - Getting Enrolled with Mass HIway
  - Benefits, Agreement overview, onboarding preview
- **When:** Thursday May 8th, at 12 p.m.
- **Register:** <https://www2.gotomeeting.com/register/778556666>
- 91 registrants as of 4/24
- Thanks to MeHI for support

## Mass HIway Consent Education

- Materials distributed to early adopters:
  - Training for point of consent staff (PPT)
  - Patient Education (PDF/Word)
  - Sample Consent Form
- Next steps: Mass communication, webinar overview

## New [www.masshiway.net](http://www.masshiway.net)

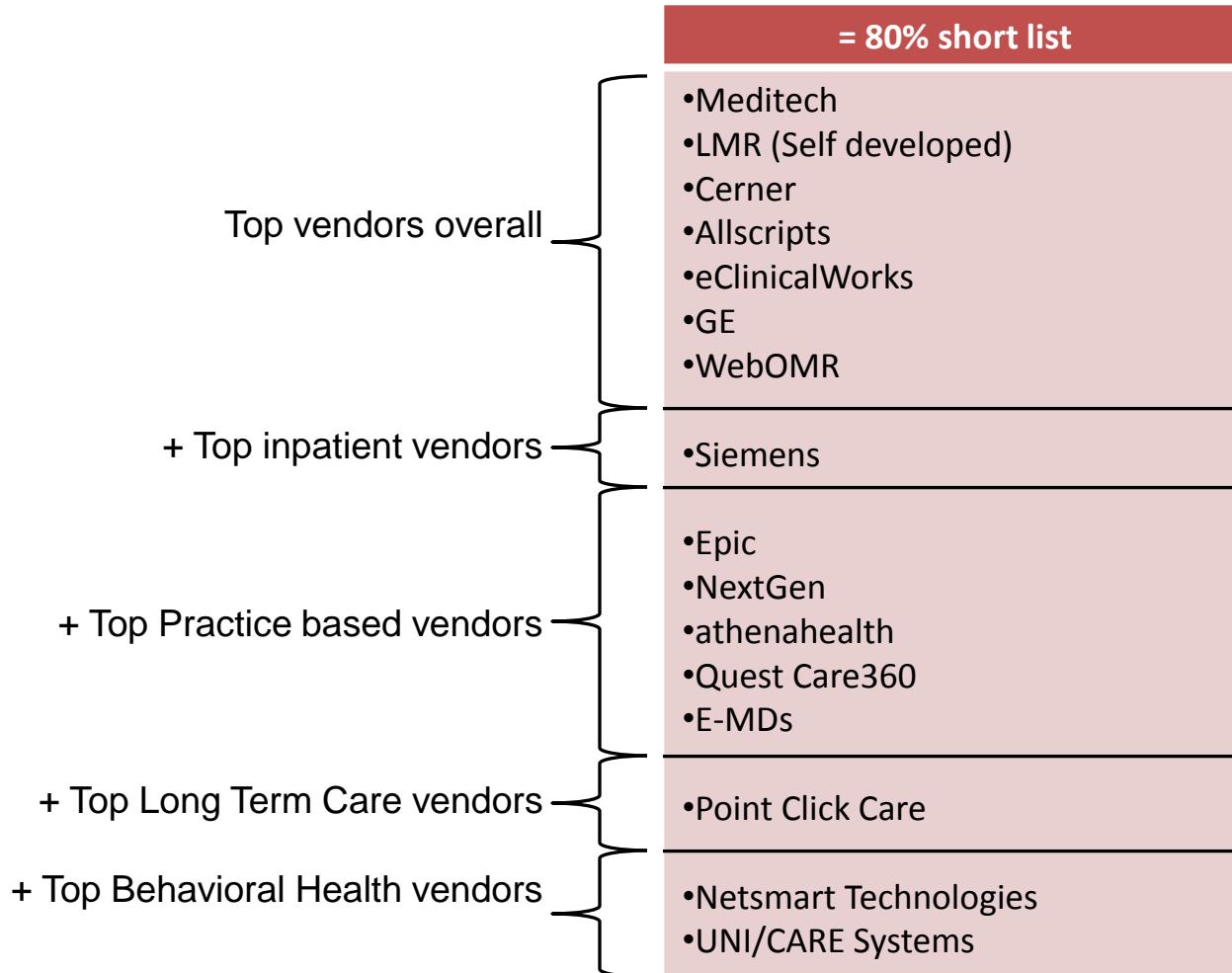
- Expected Summer



# EHR Priority Vendors



**EHR vendors serving 80% of Massachusetts providers overall  
+ vendors serving 80% of MA providers within provider sub-segments**



*From 2012 landscape study by Massachusetts eHealth Collaborative – Funded by MeHI*



# Status with High Priority Vendors



Vendor	Status	Comments
MEDITECH	Live	TOC via Direct XDR Gateway; Public Health via LAND
LMR (Partners Self Developed)	Live	LAND connection to Mass Hiway
Cerner	Testing	Direct XDR
AllScripts	Testing	Direct XDR; also exploring HISP connection to Mass Hiway
eClinicalWorks	Testing	TOC via HISP; Public Health via Direct XDR Gateway
GE Centricity	Testing	Direct XDR
Web OMR (BID Self Developed)	Live	LAND connection to Mass Hiway
Siemens	Testing	LAND and Direct XDR – approach may vary by site
EPIC	Discussions	Direct
NextGen	Testing	LAND and Direct XDR – approach may vary by site
athenahealth	Discussions	TOC via HISP; Public Health via Direct XDR Gateway
Quest Care 360	No contact	
e-MDs	Live	LAND connection to Mass Hiway
Point Click Care	No contact	
NetSmart	Testing	Direct XDR
UNI/CARE Systems	No contact	



# Hiway Operations Update



## April Participation Activity

### **5 New Participation Agreements completed in April:**

- Bayada Home Health
- Boston Medical Center
- Community Substance Abuse Centers
- Harvard University Health Services
- SMOC Behavioral Health Services

**Plus:** Winchester Highland Management signed an agreement on behalf of the eLINC HISP members, including **55** organizations that are new to the Mass Hiway, listed on the next slide. Will go live in May.

**Current Total = 200 Mass Hiway Organizations**



# Hlway Operations Update



## eLINC HISP Members

- Eye Associates PC
- B D & L Providers LLC
- Paul MD, Barry S.
- Kellerman DPM, Bart A.
- Boston IVF-CRMI Holding LLC
- Keojampa MD, Bounmany Kyle
- Burlington OB/GYN Associates
- Burlington Pediatrics LLC
- Burlington Podiatry Associates
- Charles River Eye Associates
- Lennox MD, Clara A.
- Commonwealth Surgical Associates
- Bienkowski MD, Daniel W.
- Digestive Health Associates
- Dowd Medical Associates
- Edward A. Ryan MD PC
- ENT Consultants
- Eric S. Schrieber MD PC
- Excel Orthopaedic Specialists
- Family Care Center of Tewksbury
- Family Footcare of Woburn
- Fertility Centers Of New England
- Foot and Ankle Center of Massachusetts PC
- Foot Health Center of Merrimack Valley PC
- Porter MD, Francis R.
- Hand & Plastic Surgery Specialists Inc
- Jason M. Gilbert MD PC
- Sullivan MD, John J.
- Leo M. Cass MD PC
- Middlesex Surgical Associates
- Mystic Valley Dermatology Associates PC
- Mystick Womens Health Inc
- New England Urogynecology
- North Middlesex Womens Healthcare
- North Shore Radiology Associates
- North Suburban Surgical Associates PC
- Paul Radvany MD PC
- Peter E. Gee MD PC
- Reading Internal Medicine
- Reading Pediatric Associates PC
- Spoerri-Bowman DO, Rebecca
- Rheumatology and Internal Medicine Associates
- Robert F. Committo MD PC
- Ho MD, Rose
- Salter Healthcare
- Ameri MD, Shapur
- Stoneham Medical Group
- Zucker MD, William J.
- Winchester Hospital Urgent Care Specialists
- Winchester Anesthesia Associates
- Winchester Emergency Medical Associates
- Winchester Family Physicians
- Winchester Hospital (current Mass Hlway Participant)
- Winchester OB/GYN Associates
- Woburn Nephrology Associates
- Woodland Internists PC



# Hiway Operations Update



## April Connection Activity

### No New Organizations Went Live in April.

- Major focus during April continued to be on software suppliers and HISPs testing connections to the Mass Hiway, with some that had targeted April moving into early May.
- MEDITECH and SMART, Inc. have completed product testing with the Mass Hiway and are now working with their customers to connect.
- EHR Vendors\* and HISPs actively testing include:
  - ADS/DataMotion
  - Allscripts\*
  - Azara\*
  - Cerner\*
  - ClaimTrak
  - CPSI\*
  - eClinicalWorks
  - GE/Qvera\*
  - Inprivia
  - MEDfx
  - McKesson
  - OCHIN\*
  - Secure Exchange Solutions (SES)
  - Surescripts

**Current Total = 105 Live Mass Hiway Connections**



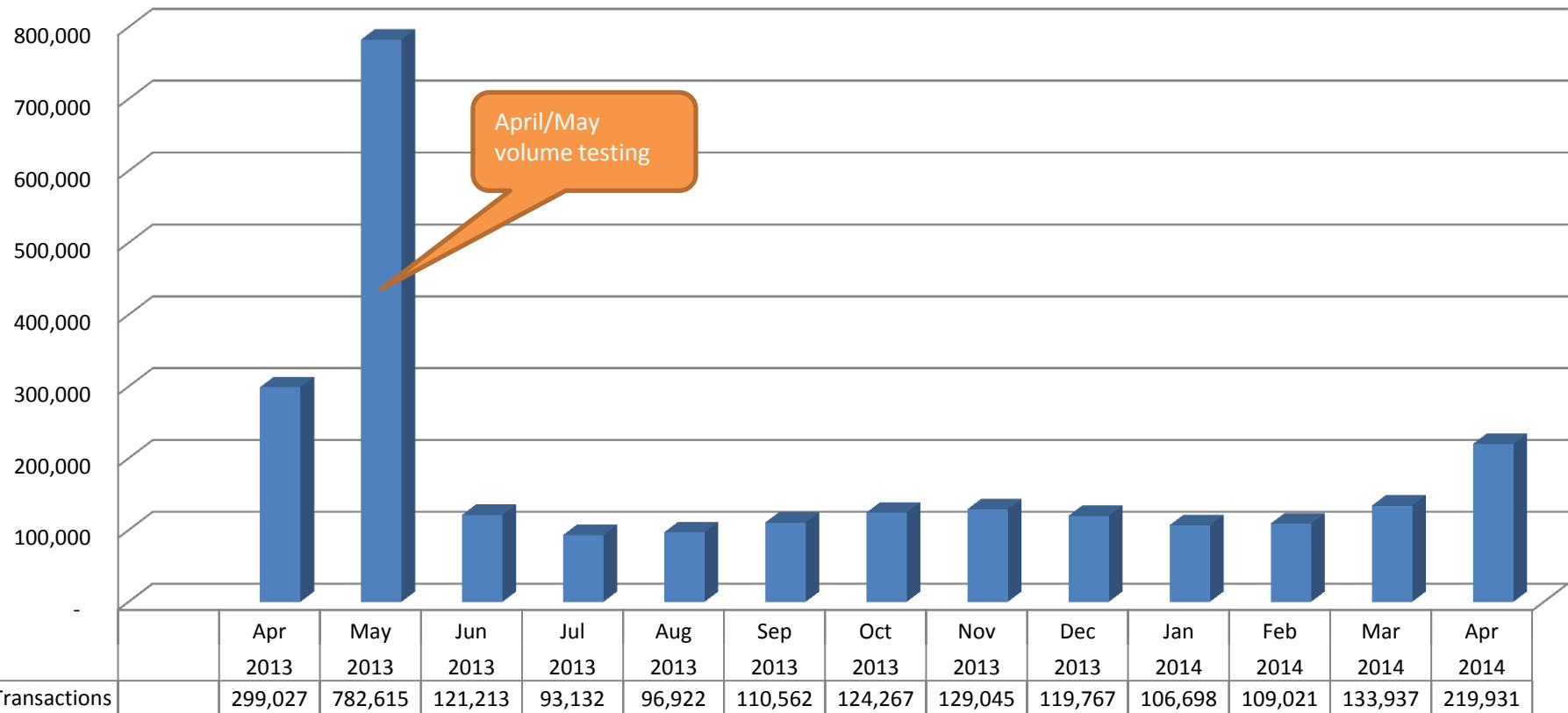
# Hiway Operations Update



## April Transaction Activity

**219,931 Transactions exchanged during April (through 4/29)**

**2,450,425 Total Transactions (inception to date)**



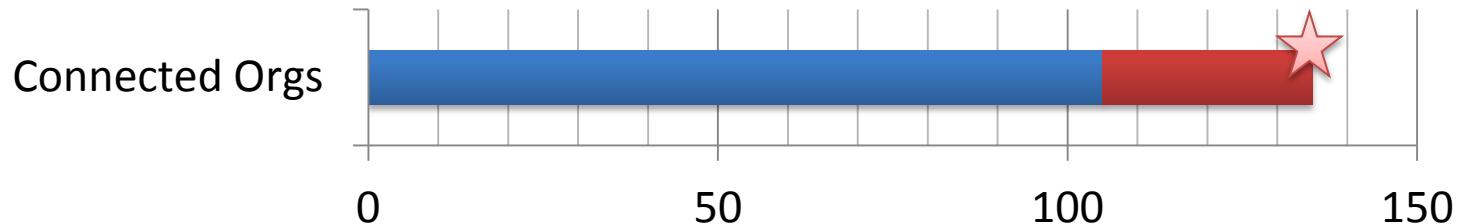


# Hlway Operations Update

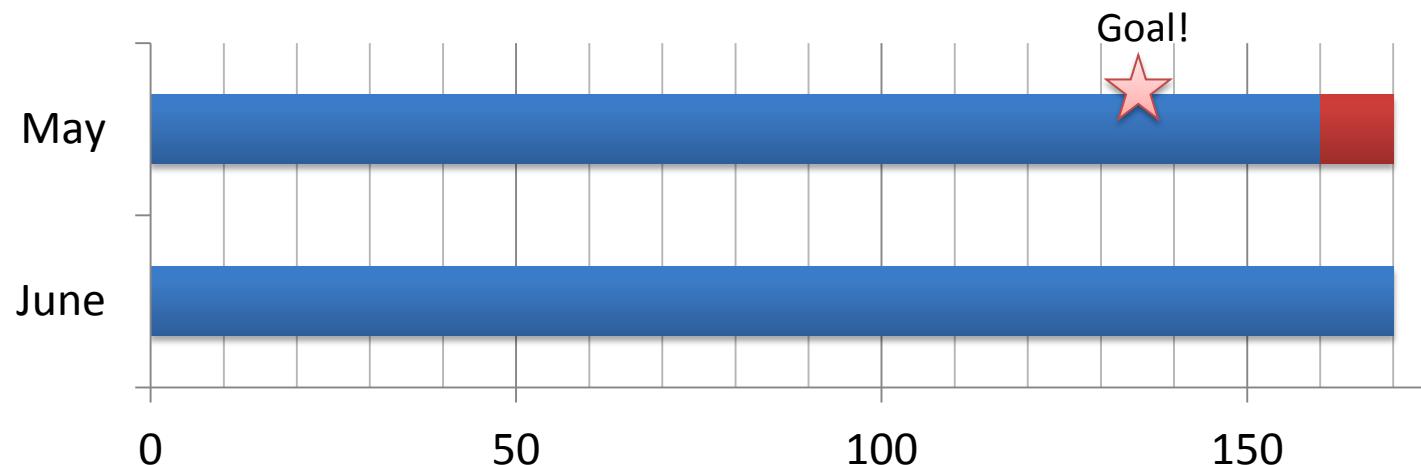


## Mass Hlway Connection Forecast

**Goal:** Connect over **135** organizations to the Hlway by June 30, 2014



**Forecast:**





# HISP to HISP Connectivity

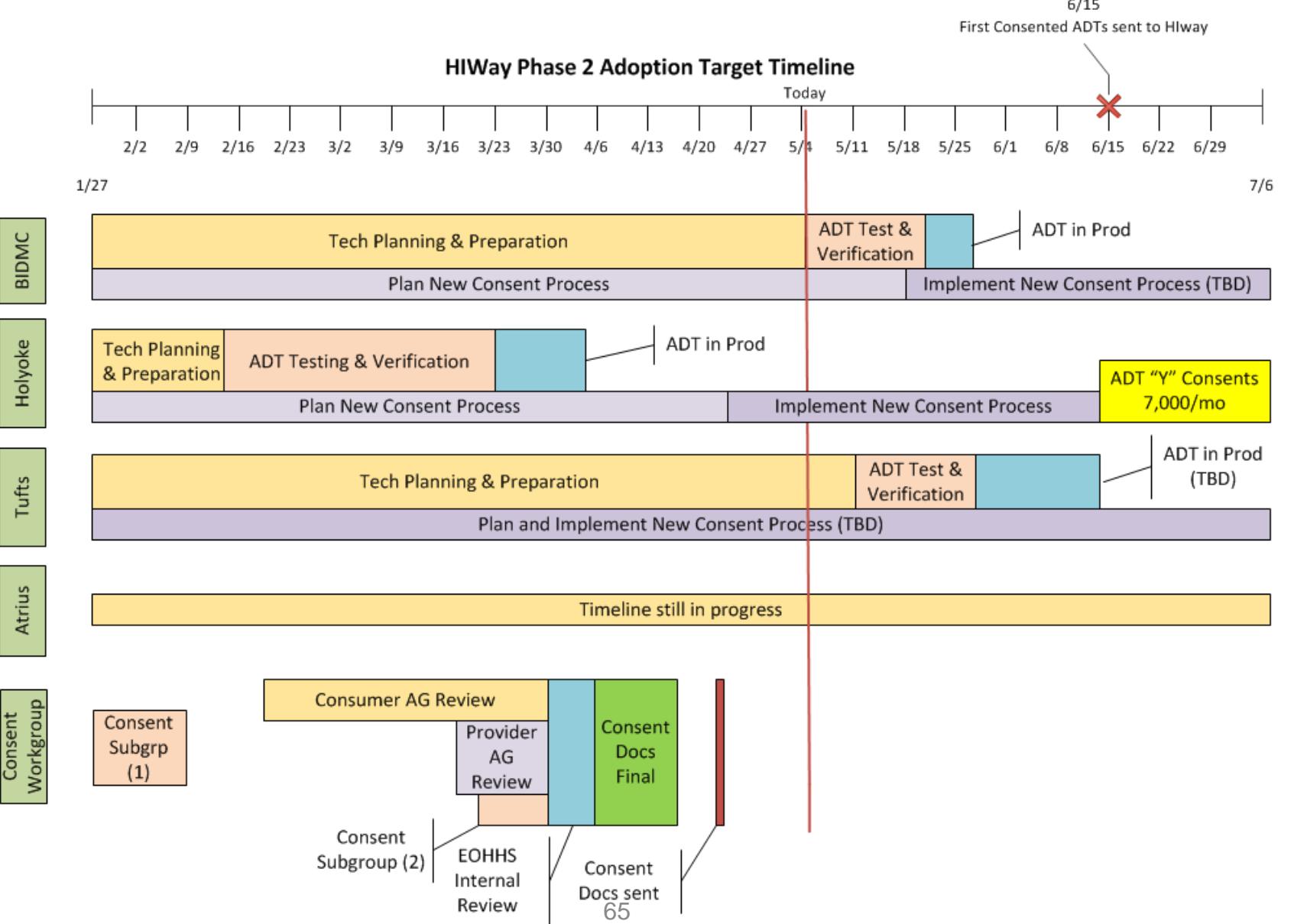


HISP Org	Current Status	Target Date
SES (eLINC)	Pilot site testing in progress*	Apr-14 May-14
eClinicalWork	Pilot site testing in progress*	Apr-14 May-14
SureScripts	Pilot site testing in progress*	Apr-14 May-14
Alere	Ready to begin Testing with Hiway	TBD
AthenaHealth	Initial Discovery	TBD
AllScripts	Initial Discovery	TBD
Medfx	Completed Basic Testing	TBD
NexJ	Initial Discovery	TBD
McKesson	Completed Basic Testing	TBD
Aprima	Initial Discovery	TBD
ClaimTrak	Completed Basic Testing	TBD
Inpriva	Ready to begin Testing with Hiway	TBD
DataMotion	Ready to begin Testing with Hiway	TBD

\*HISP to HISP solution released to production on April 18<sup>th</sup>



# Phase 2 Implementation Plan





## Discussion Item 5: Wrap Up



# HIT Council meeting schedule



## HIT Council 2014 Meeting Schedule\*:

- January 13
- February 3
- March 10
- April 7
- May 5
- **June 9**
- July 7
- August 4
- September 8
- October 6
- November 3
- December 8

*\*All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st Floor, Boston, unless otherwise noted*